

Virginia:
In The Workers' Compensation Commission
John Hurtworker, Claimant
VWC File No.: 0000000
United Engineering, Inc., Employer
Working For A Safe Workplace, Insurer

ORDER

This day came John Hurtworker, United Engineering, Inc., and Working For A Safe Workplace, and filed their joint Petition and requesting approval of a compromise settlement involving workers' compensation benefits to John Hurtworker as a result of his compensable accident of March 1, 1998.

Upon consideration of the record in this case, together with representations, contained in the Petition, and the parties having agreed upon a lump sum compromise settlement for the sum of \$75,000, and having further agreed that payment for reasonable and necessary medical treatment pursuant to §65.2-603 Va. Code Annotated, relating to the injury of March 1, 1998, shall continue for the period between the date of the accident and the date of this Order.

Working For A Safe Workplace shall pay from the proceeds to claimant's counsel the sum of _____ for costs expended and _____ for legal services rendered the claimant in this case. The balance of the settlement in the amount of _____ will be paid directly to John Hurtworker. These amounts, which total \$75,000, shall be due within ten (10) days after entry of this Order, and medical expenses incurred for reasonable and necessary medical treatment related to the injury of March 1, 1998, are payable pursuant to §65.2-603 Va. Code Annotated, for the period between the date of the accident and the date of this Order, and these payments will be in full settlement and satisfaction of any and all claims for benefits under the Virginia Workers' Compensation Act (Title 65.2 of the Code of Virginia), including, but not limited to, claims for additional compensation, permanency, or death, in the future arising out of John Hurtworker's compensable accident of March 1, 1998 to his left foot and leg, and any compensable consequence and change in condition, and will forever discharge the employer and carrier.

Entered
this _____
day of _____,
1999.

Deputy Commissioner

ATTEST:

Iris C. Peace, Clerk

We have seen this Order and ask for
and consent to its entry:
Claimant's signature, name, address, and telephone number
Claimant's Counsel's signature, name, address, and telephone number
Employer's Counsel's signature, name, address, and telephone number

Employer's Name and Address

Insurer's Name and Address